



## Benefits Package

Provided By:

Augusta, Georgia Human Resources Department



## **Memorandum**

To: All Augusta-, GA Active Employees

From: Human Resources Department

Subject: Employee Benefits Summary

The Augusta, Georgia Board of Commissioners is dedicated to providing its employees with a salary and benefits package that allows us to attract and retain the best-qualified employees available. You are a most valued member to our team, and we will continue to strive to improve your benefits and working conditions so we may all provide our citizens with the best customer service in the state.

The Employee Benefits Summary is a quick reference resource that provides an overview of our benefits programs. This booklet provides you with current information on programs such as policy overview, telephone numbers, contact information and premiums for the current year, as well as a comparison between similar benefits. For more details/legal information on these programs, please review the policies or plan documents, which can be located in the Human Resources Department, Benefits Section.

This Employee Self-Service tool is an easy to use web-based portal that provides access to employees for viewing and/or updating their benefit information online, 24 hours a day, 7 days a week via the portal at <https://portal.adp.com>. Making the majority of your health and welfare benefit selections online will allow you better, faster and easier access to your information all year round. For assistance or for employees without immediate access to a computer, a new Benefits Solution Center is staffed 8:00 am—6:00 pm to assist employees with benefit changes or inquiries at 877-692-8423, option "o".

If you have any questions or need assistance please call the HR office at 706-821-2303. The Benefits staff is available from 8:30 am - 5:00 pm, Monday through Friday, located on the sixth floor of the Municipal Building. Please call and make an appointment, and they will be happy to help you with any policy or enrollment question you may have.

Sincerely,

Human Resources Department

## **DISCLAIMER**

**Enclosed are brief summaries of the benefits that are offered to Augusta, Georgia employees , any discrepancies between the information provided herein and the plan document will be controlled by the plan document. Please review the plan documents for specific information regarding the plans.**

### **HIPAA Privacy Practices**

Protecting the privacy and confidentiality of information about our employees is very important to us. The separately issued Notice of Privacy Practices explains key elements of the requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and the related regulations concerning the privacy of protected health information. If you have questions regarding this Notice of Privacy Practices or wish to make requests as described above, please contact the Human Resources Director, Augusta, Georgia, 530 Greene Street, Room 601, Augusta, GA 30901; by phone at (706) 821-2303 or by fax at (706) 821-2867. Please include your name, phone number and fax number.

### **Cobra Coverage**

An employee electing medical coverage under the Augusta, Georgia Group Health Plan will receive the COBRA Initial Rights Notification via mail as required. The COBRA Initial Rights Notification is intended to inform you, in a summary fashion, of your rights and obligations under the continuation coverage provisions of the law [Public Law 99-272, Title X].

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event". If you are an employee of Augusta, Georgia and covered by the Group Health Plan, then you have a right to choose continuation coverage for yourself or your dependents if you lose coverage due to termination of employment, reduction in hours, or your dependents are no longer eligible. You and/or your dependents may continue under COBRA for up to 18, 29, or 36 months depending upon the qualifying event. The cost is 100% plus a 2% administration fee to the participant.

## Benefits Eligibility

An employee must be actively at work for any benefit changes to become effective January 1 of each calendar year. If an employee is absent from work due to an injury or sickness on the date of enrollment or when changes would become effective, the effective date will be deferred until the date the employee returns to work for one full day as an active full-time benefit eligible employee working at least 30 hours or more per week.

## Making Changes to Your Benefits

Some of your benefit deductions are withheld from your paycheck on a pre-tax basis and therefore your ability to make changes to these benefits is restricted by the IRS. Once enrolled, pre-tax benefit elections cannot be changed until the next annual open enrollment period unless you have a qualifying event or status change. In the event of a qualifying event or status change, you, the employee, are responsible for using the ADP Benefits Portal or notifying the ADP Benefits Solutions Call Center within 31 days. If you fail to request a change within the 31 day provision, then you will not be able to enroll until the next open enrollment period. Due to Health Care Reform and contracts with our vendors, children are now covered thru age 25 for Medical, Dental, and Vision regardless of student status. However, Aetna insurance products cover children through age 18, or as full-time students through age 24.

New employees are effective upon the first day of the month following (30) days of employment. If the employee does not enroll in benefits within the (30) day period, the employee cannot enroll until the next open enrollment period unless it is a life event change as stated above.

### **The Most Common Qualifying Event / Status Changes:**

- Marriage, divorce, or legal separation
- Birth, adoption, or legal guardianship
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered dependent

<b>HMO– Plan 1 (BCBS)</b>	<b>In-Network</b>
<b>Calendar Year Deductible</b>	In Network– NONE Out of Network- No Coverage
<b>Well-Child Care, immunizations</b>	\$30 Copayment
<b>Periodic health examinations</b>	\$30 Copayment
<b>Annual gynecology examinations (No PCP referral required– Must use in-network provider)</b>	\$50 Copayment
<b>Primary Care Physician (PCP) office visit (includes lab, radiology and office surgery) during and after hours</b>	\$30 Copayment
<b>Specialty Care Physician office visit (PCP referral</b>	\$50 Copayment
<b>Maternity Physician services</b>	\$50 Copayment (first office visit only)
<b>Allergy Care (office visit, testing, serum and allergy shots)</b>	\$50 Copayment
<b>Vision Care series provided by network ophthalmologist or optometrist for the treatment of acute conditions (No PCP referral required)</b>	\$50 Copayment
<b>Network Dermatologist (No PCP referral required)</b>	\$50 Copayment
<b>ER VISIT: Life-threatening illness, serious accidental injury or with a PCP referral</b>	\$300 Copayment (waived if admitted) Non-emergency use not covered.
<b>INPATIENT SERVICES:</b>	
<b>Daily room, board and general nursing care at semi-private room rate; ICU/CCU charges; other medically necessary hospital charges .</b>	\$500 Copayment per admission; Plan pays 100% after Copayment
<b>Physician services (Surgeon, Anesthesiologist, Radiologist, Pathologist, etc.)</b>	Plan pays 100%
<b>OUTPATIENT SERVICES:</b>	
<b>Surgery facility / hospital charges</b>	\$250 Copayment; Plan -100% after Copayment
<b>Diagnostic X-ray and lab services</b>	Plan pays 100%
<b>Physician services (Surgeon, Anesthesiologist, Radiologist, Pathologist, etc.)</b>	Plan pays 100%
<b>THERAPY SERVICES:</b>	
<b>Speech</b>	\$50 Copayment ; 20– visit calendar year maximum
<b>Physical, Occupational</b>	\$50 Copayment ; 20– visit calendar year maximum
<b>Respiratory Therapy</b>	Plan pays 100%; 40– visit calendar year maximum
<b>Radiation, Chemotherapy</b>	Plan pays 100%
<b>Mental Health/Substance Abuse Services</b>	NO PCP referral required-Call 1-800-292-2879
<b>Inpatient (facility and physician fee)</b>	Plan pays 100%; 30-day calendar year maximum
<b>Outpatient</b>	\$35 Copayment; 20 visit calendar year maximum

<b>POS Plan 2 (BCBS)</b>	<b>In-Network</b>	<b>Out-of Network</b>
<b>Calendar Year Deductible</b>	Individual \$250 Family \$500	Individual \$400 Family \$800
<b>Coinsurance</b>	Plan - 70% after deductible Member -30% after deductible	Plan - 60% after deductible Member -40% after deductible
<b>Out of Pocket Calendar year Maximum</b>	Individual \$2,500 Family \$5,000	Individual \$5,000 Family \$10,000
<b>Well-Child Care</b>	\$30 Copayment	Plan-60% after deductible (deductible waived through age 5)
<b>Periodic health examinations</b>	\$30 Copayment	Not Covered
<b>Annual gynecology exam</b>	\$50 Copayment	Plan-60% after deductible
<b>Primary Care Physician (PCP) office visit</b>	\$30 Copayment	Plan-60% after deductible
<b>Specialty Care Physician office visit (PCP referral required)</b>	\$50 Copayment	Plan-60% after deductible
<b>Maternity Physician services</b>	\$50 Copayment (first office visit only)	Plan-60% after deductible
<b>Allergy Care</b>	\$50 Copayment	Plan-60% after deductible
<b>Vision Care series provided by network ophthalmologist or optometrist for the treatment of acute conditions</b>	\$50 PCP Copayment \$50 Specialist Copayment	Plan-60% after deductible
<b>Network Dermatologist</b>	\$50 Copayment	Plan-60% after deductible
<b>ER VISIT: Life-threatening illness, serious accidental injury or with a PCP referral</b>	\$300 Copayment (waived if admitted) Non-Emergency use not covered.	\$100 Copayment (waived if admitted) Non-Emergency use not covered.
<b>INPATIENT: Daily room, board and general nursing care at semi-private room, ICU/CCU &amp; medically necessary hospital charges.</b>	\$500 Copayment per admission; Plan pays 70% after deductible	Plan-60% after deductible
<b>Physician services</b>	Plan pays 100%	Plan-60% after deductible
<b>OUTPATIENT SERVICES</b>		
<b>Surgery facility / hospital charges</b>	\$250 Copayment	Plan-60% after deductible
<b>Diagnostic X-ray and lab services</b>	Plan pays 70% after deductible	Plan-60% after deductible
<b>Physician services</b>	Plan pays 100%	Plan-60% after deductible
<b>Speech Therapy</b>	\$50 Copayment ; 20 visit maximum	Plan-60% after deductible 20-visits
<b>Physical, Occupational Therapy</b>	\$50 Copayment ; 20 visit maximum	Plan-60% after deductible 20-visits
<b>Respiratory Therapy</b>	Plan pays 100%; 40 visit maximum	Plan-60% after deductible 40-visits
<b>Radiation, Chemotherapy</b>	Plan pays 100%	Plan-60% after deductible
<b>Mental Health/Substance Abuse Services</b>	NO PCP referral required- Call 1-800-292-2879	
<b>Inpatient (facility and physician fee)</b>	Plan pays 70%; 30-day calendar year maximum	Not Covered
<b>Outpatient</b>	\$35 Copayment; 20 –visit calendar year maximum	Not Covered

## *Retail vs. Mail Order*

### *You win 3 times!!!*

Need "new ways" to save money on your prescriptions? ExpressScripts is an easy way to (1) have routine prescriptions mailed to your home, (2) save a co-pay on a 90-day supply, and (3) avoid making that trip!!!

#### **To set up your Home Delivery Pharmacy Service for prescriptions needed for a minimum of 90 days:**

- Have your doctor write two prescriptions. The first prescription should be for a one-month supply that can be immediately filled at a local participating pharmacy. The second prescription should be for a 90-day supply of medication plus refills up to one year. Use this prescription to obtain your medications from ExpressScripts.
- Complete the information form titled Ordering Medications from the Home Delivery Pharmacy Service. Mail the form with your prescription and payment in the envelope provided. (Mail order packets are available in Human Resources.)
- First-time users will need to complete the Health, Allergy and Medication Questionnaire and return it with the prescription(s). This information is confidential and will only be used when appropriate to alert the pharmacist about possible problems each time you fill a prescription.

#### **How to:**

- Fill a prescription by fax --- If you don't have the original prescription, you can complete the Prescription form and have your doctor fax it, along with an original prescription, to ExpressScripts at (1-800-905-9815) ExpressScripts must receive your faxed prescriptions directly from the physician's office.
- Fill a prescription by mail --- Use the Home Delivery Order Form.
- Refill your order --- To order new prescriptions by phone, call a ExpressScripts pharmacy associate at 888-613-6091. Call the phone number provided on your prescription bottle when you are ready to order a refill.
- Pay for your prescription --- You may pay by check, money order, or credit card.
- Receive your order --- Order usually arrives within two weeks. Your package will include medication container(s), instruction(s) for refills, and information about your medication.

#### **You have a choice:**

- **The Prescription Drug List-** When selecting medication, you and your physician should consult the Prescription Drug List. This list is a tool to assist in identifying and selecting medications that will save you money under your pharmacy benefit. To learn more about the Prescription Drug List, go to the Blue Cross Blue Shield of GA at [www.bcbsga.com](http://www.bcbsga.com).
- **Generic Drugs-** Ask your physician and pharmacist if a generic drug is available. Call the toll free Customer Service number on your ID card, 24 hours a day, 7 days a week (except Thanksgiving and Christmas) with questions you may have.

<b>Retail Preferred Drug</b>	<b>Co-pay Per Month</b>	<b>Mail Order Maintenance Drug</b>	<b>Co-pay For (3) Months</b>
<b>Generic Preferred</b>	\$ 20.00	Generic Preferred	\$ 30.00
<b>Brand Preferred</b>	\$ 40.00	Brand Preferred	\$ 60.00
<b>Non-Preferred</b>	\$ 60.00	Non-Preferred	\$ 100.00

Everyone deserves  
a healthy smile



<b>Who's Eligible</b>	Primary enrollee, spouse and eligible dependent children to age 26	
<b>Deductibles</b>	\$50 per person, \$150 per family, per calendar year	
<b>Diagnostic and Preventative</b>	Deductible Waived and Accrue towards Maximum	
<b>Annual Maximum</b>	The maximum benefit paid per calendar year is \$1,000 per person	
<b>Waiting Periods</b>	Basic: 0 Months Major Benefits and Ortho (except oral surgery): 12 Months	
<b>Benefits and Covered Services</b>	<b>In-PPO Network</b>	<b>Out-of-PPO Network</b>
<b>I. Basic Coverage</b>		
<b>Diagnostic &amp; Preventative Benefits -</b> Oral examinations, routine cleaning, some x-rays, fluoride treatment, space maintainers	100%	100%
<b>Basic Benefits- Filling s, sealants, panoramic and full mouth x-rays</b>	80%	80%
<b>II. Major Benefits</b>		
<b>Crowns, inlays, on lays, cast restora- tions, bridges, denture repairs</b>	50%	50%
<b>Endodontic- (Root Canals) covered under major</b>	50%	50%
<b>Periodontics-(Gum Treatment) Covered under major</b>	50%	50%
<b>Oral Surgery-(Incisions, excision, surgical removal of tooth) Covered under major</b>	50%	50%
<b>Orthodontic Benefits- Dependent children only</b>	50%	50%
<b>Orthodontic Maximums</b>	\$1,000 Lifetime	\$1,000 Lifetime

Delta Dental Insurance Company

Customer Service

Website

800-521-2651

[www.deltadentalins.com](http://www.deltadentalins.com)

Claims Address





## Vision Plan (Low)

Vision Care Services	Member Cost	Out of Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$25
Contact Lens Fit and Follow-up:		
(Contact lens fit and follow-up are available once a comprehensive eye exam has been completed.)		
Standard	\$0 Copay, Paid in full and two follow-up visits	Up to \$40
Premium	\$0 Copay, 10% off retail then apply \$40 allowance	Up to \$40
Frames	\$0 Copay, \$100 allowance; 20% of balance over \$100	Up to \$50
Standard Plastic Lenses:		
Single Vision	\$5 Copay	Up to \$20
Bifocal	\$5 Copay	Up to \$35
Trifocal	\$5 Copay	Up to \$60
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$0	Up to \$11
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective	\$40	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (allowance covers material only):		
Conventional	\$5 Copay, \$100 allowance; 15% of balance over \$100	Up to \$65
Disposables	\$5 Copay, \$100 allowance; balance over \$100	Up to \$65
Medically Necessary	\$0 Copay, Paid in full	Up to \$200
Lasik and PRK Vision Correction Procedures	15% off retail price OR 5% off Promotional pricing	N/A
Frequency		
Exams	Once every 12 months	
Frames	Once every 12 months	
Standard Plastic Lenses or Contacts	Once every 12 months	



## Vision Plan (High)

Vision Care Services	Member Cost	Out of Network Reimbursement
Exam with Dilation as Necessary	\$10 Copay	Up to \$25
Contact Lens Fit and Follow-up:		
(Contact lens fit and follow-up are available once a comprehensive eye exam has been completed.)		
Standard	\$0 Copay, Paid in full and two follow-up visits	Up to \$40
Premium	\$0 Copay, 10% off retail then apply \$40 allowance	Up to \$40
Frames	\$0 Copay, \$200 allowance; 20% of balance over \$200	Up to \$100
Standard Plastic Lenses:		
Single Vision	\$5 Copay	Up to \$25
Bifocal	\$5 Copay	Up to \$35
Trifocal	\$5 Copay	Up to \$60
Lens Options (paid by the member and added to the base price of the lens):		
Tint (Solid and Gradient)	\$15	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$0	Up to \$11
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective	\$40	N/A
Polarized	20% off retail price	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (allowance covers material only):		
Conventional	\$5 Copay, \$200 allowance; 15% of balance over \$200	Up to \$140
Disposables	\$5 Copay, \$200 allowance; balance over \$200	Up to \$140
Medically Necessary	\$0 Copay, Paid in full	Up to \$200
Lasik and PRK Vision Correction Procedures	15% off retail price OR 5% off Promotional pricing	N/A
Frequency		
Exams	Once every 12 months	
Frames	Once every 12 months	
Standard Plastic Lenses or Contacts	Once every 12 months	

## Optional Life—Aetna Insurance Company

Augusta, Georgia pays for your first \$50,000 basic life insurance benefit. This benefit will decrease to 65% at age 65 and 50% at age 70. You can buy additional coverage in multiples of \$10,000—up to a maximum benefit of five times your annual salary or \$400,000, whichever is less. Your cost is based on your age and the benefit you select. The cost will increase as you enter a new bracket in years to follow.

Age	Pay Period Cost per \$10,000	Age	Pay Period Cost per \$10,000
<b>Less than 30</b>	\$ 0.45	<b>50-54</b>	\$ 2.65
<b>30-34</b>	\$ 0.50	<b>55-59</b>	\$ 4.10
<b>35-39</b>	\$ 0.60	<b>60-64</b>	\$ 6.40
<b>40-44</b>	\$ 0.95	<b>65-69</b>	\$ 11.50
<b>45-49</b>	\$ 1.60	<b>70 and older</b>	\$ 18.45

### Optional AD&D Insurance Costs:

You can buy AD&D coverage for yourself or your family in multiples of \$10,000-up to \$400,000, regardless of your annual salary. You may cover yourself, you and your spouse or children, or your whole family.

Pay Period Rates Per \$10,000

Employee Only	\$0.175
Employee + Spouse or Children	\$0.230
Family Coverage	\$0.280

### Dependent Life Insurance:

If you buy Dependent Life Insurance coverage, you pay a flat amount each pay period based on whether you cover your spouse and/or your children.

- If you cover your spouse for \$5,000 and children for \$5,000\* \$0.89 per pay period
  - If you cover your spouse for \$10,000 and children for \$5,000\* \$1.16 per pay period
- OR
- If you cover just your dependent children for \$5,000\* \$0.55 per pay period

\*Coverage for newborn children 0-6 months is \$500

Supplement Life Insurance is available thru the following vendors:

- ING                      ► Aflac                      ► Police and Firemen's Insurance

### Long Term Disability

Augusta, Georgia pays for your Long Term Disability Insurance. The benefit is 60% of the first \$8,333 of your pre-disability earnings, reduced by deductible income.

**Maximum Benefit:** \$5,000 before reduction by Deductible Income    **Minimum Benefit:** \$100

**Waiting Period:** 180 Days

**Maximum Benefit Period:** Determined by age when Disability begins

\* ARC will provide you with accrued sick leave in place of short-term disability at the rate of (1) day of sick leave per month.



## Insurance Policies and Benefits Services

Aflac offers a wide range of policies that can help with events from accidents to intensive care. All you have to do is choose the ones best suited for you.

- ▶ [Accident](#)
- ▶ [Cancer/Specified-Disease](#)
- ▶ [Hospital Confinement Indemnity](#)
- ▶ [Life](#)
- ▶ [Hospital Confinement Sickness Indemnity](#)
- ▶ [Hospital Intensive Care](#)
- ▶ [Long-Term Care](#)
- ▶ [Lump Sum Cancer](#)
- ▶ [Lump Sum Critical Illness](#)
- ▶ [Short-Term Disability](#)

### Wellness Benefit

Aflac believes that preventative medical testing and screenings are just as important to maintaining good health as seeking treatment when you are ill or have been hurt in an accident. For this reason, we offer the Wellness Benefit to our policyholders. Aflac will pay a benefit for routine examinations or other preventative tests. Your benefit period and type of screenings covered may vary by type of policy. Covered screenings may include\*:

- annual physical examinations
- mammograms
- pap smears
- eye examinations
- immunizations
- flexible sigmoidoscopies
- prostate-specific antigen (PSA) tests
- ultrasounds
- blood screenings

Services must incur a charge and be supervised or recommended by a physician.

**\*See your policy for additional Wellness benefit information.**



- ▶ Whole Life Insurance
- ▶ Flexible Premium Annuities
- ▶ Membership Policy
- ▶ Yearly Renewable Term/ 10 Year Level Term Insurance
- ▶ Accident and Sickness Disability
- ▶ Other Benefits Available

**Mission Statement:** The mission of the Association shall be to create and operate a Supreme Lodge and Subordinate Branches for the purpose of inculcating principles of friendship and brotherhood among Police Officers and Fire Fighters while encouraging participation in fraternal activities benefiting not only their peers, but their communities as well. We will provide financial assistance to its members through disability certificates and pay final expenses for members with legal reserve life insurance policies. We will operate in accord with its Articles of Incorporation, Constitution and Bylaws.



Do you like to save on paying taxes? Of course! That's why you should know:

- *You can save money* by setting aside pre-tax dollars to pay for health and/or dependent care services.
- *Paying less in taxes is like saving 20 to 50 percent on eligible health care services*, depending on your individual income and tax filing status, when you use an FSA.
- You can pay less in taxes when you lower your taxable income by opening an FSA.

**I. A health care FSA** for you and your dependents' out-of-pocket health care expenses:

- Allows you to put a portion of your pay aside, on a pre-tax basis, to reimburse yourself for eligible out of pocket medical, dental, and vision expenses. Includes contact lens solution, laser eye surgery, hearing aids and batteries, smoking cessation, and orthodontic services.
- Please note that IRS regulations now dictate that a prescription is required to purchase over-the-counter (OTC).
- Tax free—you cannot take income deductions for expenses you pay with your health care FSA.
- The FSA account reimburses IRS defined eligible expenses up to an annual maximum of \$2,500.
- All participants receive a Health Care Account Card that works like a debit card and can be used as a VISA at approved merchants.



**II. A dependent care FSA** for expenses related to care of eligible dependents:

- Allows you to reimburse yourself for dependent care expenses while you and your spouse work. These expenses must be related to care or services provided to children under age 13 or dependents that are mentally or physically incapable of caring for themselves.
- Tax free--you cannot take the federal tax credit for the same expenses you paid through the dependent care FSA.
- Eligible dependent care expenses are reimbursed up to the amount as defined by the IRS.
- *In accordance with Section 129 of the Internal Revenue Code, an employee can generally exclude from Gross Income up to \$5,000 of benefits received under a dependent care assistance program each year. The limit is reduced to \$2,500 for married employees filing separate returns. The exclusion cannot be more than the earned income of either the employee or the employee's spouse.*

The FlexDirect Website ([www.flexdirect.adp.com](http://www.flexdirect.adp.com)) will allow employees to:

- Self Register
- View Coverage and Personal Information
- View Current and Historical Claims and Reimbursements
- Set Up Direct Deposit



## Employee Assistance Plan (EAP)

Things aren't going like you hoped and you're not sure how to turn them around. The CONCERN Employee Assistance Program (EAP) is available to assist you and your immediate family. CONCERN is a free benefit Augusta, Georgia offers to help you deal with the stresses of today's fast paced society and find the solutions you need to get things back on track. Professional staff provides short-term counseling with long-term results, referrals and follow-up services through a confidential program to help you overcome those problems that are interrupting your personal and professional life. CONCERN can help with:

- Family or Marital relationships
- Alcohol or Drug problems
- Life change situations
- Emotional adjustments
- Job or Vocational issues

Strict confidentiality by all is maintained at CONCERN. In fact, confidence is the most important element in the relationship between you and your counselor as you work together to find answers. Many problems can be resolved through short-term counseling. If not, then your counselor at CONCERN will put you in touch with a qualified professional or agency in the area.

### CONCERN EAP

2610-B Commons Blvd.  
Augusta, GA 30909

706-667-2353

1-888-667-2353

Fax 706-667-2303

[www.concerneap.com](http://www.concerneap.com)

## Ready to End Your Tobacco Addiction?

Wellness is an active process of becoming aware of and making choices toward a healthier and more successful life. An individual who moves more, eats better, and avoids using tobacco products tends to have higher morale, productivity, reduced absenteeism, and lower turnover.

ON AVERAGE, ADULTS WHO SMOKE DIE 13 TO 14 YEARS EARLIER THAN NONSMOKERS. TOBACCO USE REMAINS THE LEADING PREVENTABLE CAUSE OF DISEASE, DEATH, AND DISABILITY IN THE UNITED STATES.

### Health Benefits of Quitting

Within 20 minutes:

- Your heart rate drops



Within 12 hours:

- The carbon monoxide level in your blood is normal

Within 2 weeks to 3 months:

- Your circulation improves and your lung function returns to normal

Within 1 to 9 months:

- Your coughing and shortness of breath decreases

Within 1 year:

- Your risk of heart disease is about 1/2 that of a tobacco user

Within 5 years:

- Your risk of stroke equals that of a non-tobacco user

### RESOURCES:

The program that works best for you may be very different from the program that works best for someone else. Talk to your primary care provider for a program designed to meet your total health needs.

BlueCross BlueShield of Georgia's  
360 Health Smoking Cessation Program  
[www.bcbsga.com](http://www.bcbsga.com)

Check out information on the prescription drug  
"Chantix" at <http://www.pfizer.com>

Georgia Tobacco Quitline  
1.877.270.STOP

St. Joseph's Hospital Knock Out Nicotine  
Atlanta, GA 678.843.7454

American Cancer Society  
1.800.ACS.2345  
[www.cancer.org](http://www.cancer.org)

American Lung Association  
[www.quitterinyou.org](http://www.quitterinyou.org)

CDC Tobacco Information and Prevention  
Source (TIPS) 1.800.QUIT.NOW  
[www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

Kill the Can  
[www.killthecan.org](http://www.killthecan.org)

SmokeFree.Gov 1.877.44U.QUIT  
[www.smokefree.gov](http://www.smokefree.gov)

## Staying Healthy is Just as Important as Getting Well

Every person has some sort of health risk to varying degrees, whether it's unhealthy eating, lack of exercise or sleep, drinking, smoking, or even something genetic. Using a wellness program can make positive change happen. Not only will you be able to complete your job responsibilities, but you will have more energy and vigor to give to your family and friends when you get home.

AMERICANS ARE GETTING BIGGER, AND THE RESULTING HEALTH ISSUES ARE GROWING. IN FACT, 20-25% OF THE US POPULATION HAS METABOLIC SYNDROME—A COMBINATION OF THREE OR MORE OF THE SIX RISK FACTORS THAT PREDICT DIABETES, HEART DISEASE, COLON, PROSTATE, AND UTERINE CANCERS:

1. Waist >40" men or >35" women
2. Blood pressure >130/85
3. Fasting blood sugar >100
4. Triglycerides > 150
5. HDL <40 men or <50 women
6. Smoking



## AUGUSTA HEALTH & WELLNESS CENTER

8:30 TO 5:00 P.M. MONDAY - FRIDAY

*Our goal is to create a "New You"!*

- Early detection of potential health risks to improve quality of life
- Lower the cost of primary care with an on-site Practitioner available to all employees & their dependents participating in the Group Medical Plan
- Engage employees in health promotion, prevention, and health risk management activities, resulting in a healthier population
- Assist in the reduction of healthcare costs that you and Augusta pays each year

**360 HEALTH:** EMPLOYEES ENROLLED IN ANY OF OUR BCBSGA MEDICAL PLANS ALSO HAVE ACCESS TO A PROGRAM THAT PROVIDES CUSTOMIZED HEALTH CARE RELATED SERVICES THAT EMPOWER MEMBERS WITH THE RESOURCES, TOOLS, GUIDANCE, AND SUPPORT TO HELP THEM MANAGE THEIR HEALTH WHILE MANAGING THEIR HEALTH CARE COSTS. Once enrolled in your benefits, log on to the Member Access at [bcbsga.com](http://bcbsga.com) and elect the 360 Health tab.

### 24/7 NURSELINE

#### Health Information With Just a Call

Nurseline through BCBSGA offers access to qualified registered nurses anytime—to help members of any of our plans make informed decisions about the appropriate level of care and avoid unnecessary worry.

To reach the nurseline, call 1.800.785.0006



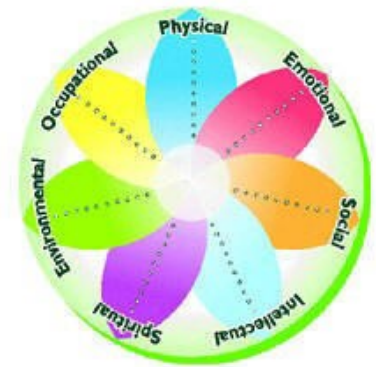
## WELLNESS PROGRAM

All full-time employees are eligible to enroll in an approved Wellness Facility. Although the cost varies depending on where you enroll, you may be eligible to receive up to 100% reimbursement of your cost depending on your participation. Visit the Human Resources Department to join.

Facility	Monthly Rate	Public Safety Rate	Dependents Rate
The Family Y	\$38.00	\$20.00	\$18.00 All Dependents
Aquatic Center	\$18.00	\$18.00	\$16.00 All Dependents
Tennis Center	\$20.00	\$20.00	\$5.00 All Dependents
Anytime Fitness	\$34.00	\$29.00	\$20.00 Per Dependent
Live-Fit-Augusta	\$20.00	\$20.00	\$10.00 Per Dependent
The Kroc Center	\$25.50	\$15.00	\$17.00 All Dependents

Family Y	
Number of Visits each Month	Amount Reimbursed (non-PS)
1-3	\$9.50
4-7	\$19.00
8-11	\$27.50
12+	\$38.00
Aquatic Center	
Number of Visits each Month	Amount Reimbursed
1-4	\$4.50
5-8	\$9.00
9-11	\$13.50
12+	\$18.00
Anytime Fitness	
Number of Visits each Month	Amount Reimbursed
1-3	\$8.50
4-6	\$17.00
7-9	\$25.50
10+	\$34.00
Live-Fit-Augusta	
Number of Visits each Month	Amount Reimbursed
1-3	\$5.00
4-7	\$10.00
8-11	\$15.00
12+	\$20.00
The Kroc Center	
Number of Visits each Month	Amount Reimbursed
1-3	\$6.37
4-7	\$12.75
8-11	\$19.12
12+	\$25.50

Healthy  
Living



Facility	Monthly Rate	Public Safety Rate	Dependents Rate
The Family Y	\$38.00	\$20.00	\$18.00 All Dependents
Aquatic Center	\$18.00	\$18.00	\$16.00 All Dependents
Tennis Center	\$20.00	\$20.00	\$5.00 All Dependents
Anytime Fitness	\$34.00	\$29.00	\$20.00 Per Dependent
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Number of Visits each Month	Amount Reimbursed
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8-11	\$19.12
12+	\$25.50

Healthy  
Living





## Georgia Municipal Employee Benefits System

Effective January 1, 2008

### Purpose-

The GMEBS Plan, a 401(a) Defined Benefit pension, is designed to supplement social security and the personal savings of career employees. The purpose of the plan is to provide additional income to make it easier for you and your family to be secure and independent in your retirement years. SEE PLAN DOCUMENTS FOR LEGAL DETAILS.

### Eligibility -

**Basic Requirements-**The following employees are eligible to participate in the Plan, if they are regular, common law employees under the Augusta, Georgia Personnel Policy. Temporary employees, seasonal employees and independent contractors are not eligible to participate. To be eligible, employees must work for Augusta, Georgia at least (20) hours per week, (5) months per year and they must not participate in any other retirement plan that is wholly or partially funded by Augusta, Georgia.

**New Hires** participate after (30) days of service. Participation in the Plan always begins on the first day of a month. If you complete (30) days of service on the first day of a month, you are eligible to participate that same day. If you complete (30) days of service after the first day of a month, you will begin to participate on the first day of the next month.

### Cost-

The Pre-Tax cost for participation is 4% of your current earnings, unless you were a participant in the Prior GMEBS plan. The employee contribution rate is subject to change by the Augusta, Georgia Consolidated Government.

### Benefit-

After you become eligible and qualify for retirement benefits under the Plan, the Plan pays you a monthly retirement benefit for as long as you live. Your normal retirement benefit is computed based upon a specified percentage of your final average earnings for each year of credited service.

For eligible employees hired after October 1, 2007, and for eligible employees employed as of October 1, 2007 who elected the 2008 Plan, your annual benefit for retirement after January 1, 2010 is calculated as follows:



\* Most Employees first hired by Augusta, Georgia after October 1, 2007 will participate in the 2008 Plan, provided they meet the Plan's eligibility requirements.

\*\*If you are Re-Hired by Augusta, Georgia anytime after October 1, 2007 then special rules apply, depending upon which Plan you participated in prior to October 1, 2007 and/or which plan election you made, if any.



## Nationwide<sup>®</sup> Retirement Solutions

*On Your Side<sup>™</sup>*

Welcome to the growing family of County employees across the nation who are signing up for a better retirement. By joining Augusta, Georgia's Voluntary 457(b) Deferred Compensation Program you are on your way to making a real difference in your financial future.

Together with the National Association of Counties (NACo), your new plan provides you with added advantages not found in traditional supplemental retirement programs.

- **It is monitored by your peers and your association.** NACo's Advisory Committee, made up of participating County officials, continuously oversees the plan. Add to that the supervision from NACo's staff and partnership with 42 state associations of counties, and you have a program that knows your best interest and is committed to watching over them.
- **It offers service you can trust.** For nearly 30 years, our program has consistently demonstrated a high level of quality and suitability for County employees nationwide.
- **You benefit from strength and value in numbers.** A large asset base built from the hundreds and thousands of County employees who contribute to your program provides even greater opportunity for your investments.

Participating in the plan is easy. You contribute a portion of your pay to your plan account each pay-day through convenient payroll deduction. Once in the plan, tax advantages give your retirement investment the ability to grow tax-deferred.

### **Easy Web access— 24/7**

Get on-line access to your account and investment education at [nrsforu.com](http://nrsforu.com).

### **Easy Phone access 24/7**

You can access your account over the phone using the Automated Voice Response Unit by calling 1-877-677-3678.

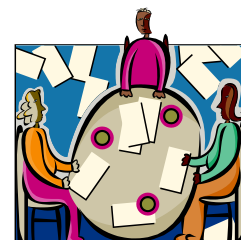
### **One-on-One help**

Need more personnel help? Retirement Specialists are available to assist you with all your deferred compensation questions. Call 1-877-NRS-FORU (1-877-677-3678) toll-free.



## **Employee Incentive Awards Program**

The Employee Incentive Awards Program consists of recognition and awards for Employee of the Month, Employee of the Year, Years of Service and Retirement. Augusta, Georgia started these recognition awards as a way of showing appreciation for the loyal dedication of its employees.



### **Employee of the Month and Employee of the Year Awards**

Employee of the Month and Employee of the Year Awards are approved by Department Directors and submitted to the Employee Recognition Committee for final consideration. Nominations for employee of the Month are due by the 1<sup>st</sup> of every month for the previous month. The Employee of the Month is recognized and awarded at the 2<sup>nd</sup> Commission Meeting of the month. Nominations for Employee of the Year are due no later than December 15<sup>th</sup> and final decision is made by the Employee Recognition Committee. Employee of the Month and Employee of the Year receive cash (\$100-250) and non-cash awards in recognition of high quality work and excellent customer service.



### **Years of Service Awards**

Years of Service Awards are awarded every month on the department level and at the Commission Meeting. Years of Service recipients for employees with the following years (5, 10, 15 & 20) are presented a certificate and a Years of Service pin from their Department Director with an internal presentation ceremony decided by that department. Employees celebrating their anniversaries for (25, 30, 35, 40, 45 & 50 years) are presented with a certificate and Years of Service pin at the 2<sup>nd</sup> Commission Meeting each month .

### **Retirement Recognition Awards and Celebration**

Retirement Recognition Awards are given to honor retirees for each respective calendar year. Retirees receive a special recognition certificate, engraved retirement clock, retirement pin and are also invited to attend the annual Retiree Recognition Dinner. The dinner will normally take place on the third weekend in October where the retiree will receive two free tickets to attend. The retirees are honored and recognized by the Mayor, all Commissioners, the Administrator and the department heads. The dinner also includes music and a large number of raffle gifts for the retirees and their guests.



HEALTH/PLAN 1 (HMO)	Single:	\$48.96	semi-monthly	\$59.85 (Tobacco Surcharge)
	Employee+1:	\$97.93	semi-monthly	\$119.69 (Tobacco Surcharge)
	Family:	\$146.90	semi-monthly	\$179.54 (Tobacco Surcharge)
HEALTH/PLAN 2 (POS)	Single:	\$54.36	semi-monthly	\$70.66 (Tobacco Surcharge)
	Employee+1:	\$108.72	semi-monthly	\$141.33 (Tobacco Surcharge)
	Family:	\$163.07	semi-monthly	\$211.99 (Tobacco Surcharge)
DENTAL	Single:			\$1.94 semi-monthly
	Employee+1:			\$3.94 semi-monthly
	Family:			\$5.91 semi-monthly
VISION - LOW	Single:			\$3.07 semi-monthly
	Employee+1:			\$6.15 semi-monthly
	Family:			\$8.45 semi-monthly
VISION - HIGH	Single:			\$4.55 semi-monthly
	Employee+1:			\$9.12 semi-monthly
	Family:			\$12.53 semi-monthly
LIFE INSURANCE	\$50,000 free life provided. Optional coverage offered at 5X base salary up to a \$400,000 maximum.			
LONG TERM DISABILITY	Ensures continuation of pay when you cannot work due to long-term disability. Maximum benefit amount is 60% of your monthly base salary. City-paid benefit.			
GMEBS PENSION	4% of your gross wages are contributed to Defined Benefit Pension Plan (1.65% of salary for each year of service).			
FLEXIBLE SPENDING ACCOUNT	A pre-taxed spending account to pay for non-reimbursed medical expenses or child care expenses.			
PAID ANNUAL LEAVE	Vacation time is accrued bi-weekly based on date of hire. Vacation increases with length of service.			
SICK LEAVE	All full-time employees accrue 1 sick day per month.			
DIRECT DEPOSIT OF PAYROLL CHECKS	You may elect to have your check directly deposited to the account of your choice.			
CREDIT UNION	Augusta, Georgia is affiliated with the CSRA Credit Union. All employees are eligible to join.			
AFLAC	Supplemental insurance policies are available to eligible employees as an optional benefit through the American Family Life Assurance Company. Premiums are payroll deducted.			
CONCERN (EAP)	Full-time employees and their dependents are eligible to participate in our Employee Assistance Program. Trained Counselors (who are not Augusta, Georgia employees) provide confidential therapy at no charge to the employee.			
WELLNESS FACILITY MEMBERSHIP	Affordable rates offered to eligible employees to join a variety of wellness centers. Membership is paid by payroll deduction and membership fees are reimbursed based on utilization.			
PAID HOLIDAYS	Full-time employees receive 10 paid holidays per year.			

*\*\*These benefits are subject to change. If there are discrepancies, the plan documents specific for each benefits will control. \*\**

## Important Numbers

<u>VENDOR</u>	<u>PHONE NUMBER</u>	<u>WEBSITE</u>
<b>Human Resources</b>	706-821-2303	<a href="http://www.augustaga.gov/human%20resources">www.augustaga.gov/human resources</a>
<b>BCBS Customer Service</b>	800-441-2273	<a href="http://www.bcbsga.com">www.bcbsga.com</a>
<b>Delta Dental</b>	800-521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>EyeMed</b>	866-939-3633	<a href="http://www.eyemedvisioncare.com">www.eyemedvisioncare.com</a>
<b>FlexDirect (ADP)</b>	800-654-6695	<a href="http://www.flexdirect.adp.com">www.flexdirect.adp.com</a>
<b>AFLAC</b>	800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
<b>Aetna</b>	800-523-5065	<a href="http://www.aetna.com">www.aetna.com</a>
<b>Concern (EAP)</b>	706-667-2353	<a href="http://www.concerneap.com">www.concerneap.com</a>
<b>ING</b>	800-537-5024	<a href="http://www.ing.com">www.ing.com</a>
<b>Police and Firemen's Ins.</b>	706-951-9620	<a href="http://www.pfia1913.org">www.pfia1913.org</a>
<b>Nationwide</b>	877-677-3678	<a href="http://www.nrsforu.com">www.nrsforu.com</a>
<b>MetLife</b>	877-948-4638	<a href="http://www.mlr.metlife.com">www.mlr.metlife.com</a>
<b>QPA ('45 &amp; '49 plans)</b>	706-724-4557	<a href="http://www.qpainc.com">www.qpainc.com</a>
<b>GMEBS</b>	706-821-2303	<a href="http://www.gmanet.com">www.gmanet.com</a>
<b>Benefit Solution Center</b>	877-692-8423, "o"	<a href="https://portal.adp.com">https://portal.adp.com</a>